

ISSUE SLIP STAPLE AREA (for additional cross references)

POSIT JN	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	8231
FORMALITY REVIEW	TH	953	09-18-01
RESPONSE FORMALITY REVIEW	A.T	1071	11/20/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	5 12
2	03 03
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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10	✓
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12	✓
13	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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523  
 11/20/01  
 530  
 09-18-01